



**Board for Asbestos, Lead, and Home Inspectors
EDUCATION VERIFICATION FORM**

Instructions:

Section A: To be completed by the applicant, then forwarded to the college or university for certification. Please enclose a stamped envelope, addressed to the Virginia Board for Asbestos, Lead and Home Inspectors at the address printed at the top of this form.

Section B: To be completed by the institution listed in **Section A#7** and returned to the Virginia Board for Asbestos, Lead and Home Inspectors at the address printed at the top of this form.

Section A

1. Applicant's Name
First Middle Last Generation (SR, JR, III)
2. Social Security Number *
[] [] [] - [] [] - [] [] [] []
3. Date of Birth

4. Mailing Address

City, State, Zip Code

5. E-mail Address

6. Telephone & Facsimile Numbers
() - () - () -
Telephone Facsimile Beeper/Cellular
7. Name of Institution

8. Dates Attended
From _____ To _____
9. Degree

10. Applicant's Signature _____ Date _____

Section B

Certification

I hereby certify that the individual named in **Section A#1** has graduated from this school/institution.

Degree _____ Major _____
Date Received _____
Signature _____
Official Title _____ *Affix official seal here.*

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.